



STATE OF NEW JERSEY PUBLIC EMPLOYMENT RELATIONS COMMISSION PO Box 429 TRENTON, NEW JERSEY 08625-0429

For Courier Delivery 495 West State St. Trenton, NJ 08618

PETITION TO INITIATE COMPULSORY INTEREST ARBITRATION

INSTRUCTIONS: File an original and 4 copies of this notice with the Director of Arbitration. If more space is required for any item, attach additional sheets, numbering the item accordingly. Proof of service of this form is required if it is not a jointly filed petition. Additional instructions appear at the end of this form in the event it is not jointly filed.

DO NOT WRITE IN THIS SPACE DOCKET NO.

DATE FILED:

Negotiations between a public fire or police department and an exclusive representative of employees of a public fire or police department shall begin at least 120 days prior to the day on which their collective negotiations agreement is to expire. On or after the date on which their collective negotiations agreement expires, and notwithstanding the right to invoke mediation and/or factfinding, either party may use this form to file a petition to initiate compulsory interest arbitration. This form may also be used to initiate interest arbitration in the event of a continuing impasse following receipt of a factfinder's findings of fact and recommended terms of settlement. Section 11a of this form meets the requirements of N.J.A.C. 19:16-5.4. Notification of terminal procedure requirement.

recommended terms of settlement. Section 11a of this form meets the requirements of N.J.A.C. 13.10-3.4, Notification of terminal procedure requirement.											
1. PUBLIC EMPLOYER											
Full Name:			County:								
Address of Employer (Street and Number, City, State and Zip Code):	Name and Title	of Representative to Contact:	Telephone No.								
Attorney/Consultant Representing Public Employer (if any): Attorney/Co	sultant Address (Street and Number	er, City, State and Zip Code):	Telephone No.								
2. EXCLUSIVE REPRESENTATIVE											
Full Name:											
Address of Exclusive Representative (Street and Number, City, State and Zip	ode): Name and Title	Name and Title of Representative to Contact:									
Attorney/Consultant Representing Exclusive Representative (if any): Attor): Telephone No.										
3. DESCRIPTION OF THE COLLECTIVE NEGOTIA Included:	Approximate number of employees in the unit:										
Excluded:											
4a. Dates and duration of negotiations sessions (in state):	none, so 4b. Has ei	ther party previously re □ Yes □	equested mediation? No								
4c. If so, has a mediator been appointed? 4d. ☐ Yes ☐ No	er and dates of										
5a. Has factfinding with recommendations for settlement been invoked? ☐ Yes ☐ No	5b. If so, has a factfinder been appointed?										
5c. If so, has a factfinder s report issued? ☐ Yes ☐ No	5d. If so, date of fa	5d. If so, date of factfinder s report?									
6. Termination date of the current agreement, if any (if none, so state):											
(Month, Day, Year)		(Month, Day, Yea	1)								
8. Is this a joint request? ☐ Yes	□ No										

		y which iss A. 34:13A-1		dispute	. Identi	fy the iss	ues as e	conomic or	non-econ	omic with	in the n	neaning of
<u> </u>	Econor	mic Issues:										
<u>!</u>	Non-Ed	conomic Issı	<u>ues</u> :									
10a.			sts as to th	e negoti	iability o	of any of	the unres	solved issu	es, set for	th below	each iss	ue which is in
	disp	ute:										
10h	Has	a Petition f	or Scope o	of Negati	iations	 Determin	ation hee	n filed?				
100.			or ocope c	_								
	□ Dock	Yes et Number of	the Scope F	□ No				rty?				
11a.	Che	ck the appr	opriate bo	c to indi	cate wh	ether the	parties h	nave agreed	l upon a to	erminal ar	bitration	n procedure:
		-	_	-			-	-	-	-		n dispute. It is :13A-16(d)(2).
		-	-	-		-		o provide fina oval and initia	-	ving the iss	ues in dis	pute. A written
			-					not they haven by the non-			nal proced	dure within ten
11b.	. 🗆		-		-	-			_		-	have received agreement.
12	CEDTI	IFICATION	(If notiti	on in inin	at the eigh	anoturo o	f a rankaa	entativo of o	aab nartu i	a roquirod	١	
			<u></u>	-				entative of e				
I (we)	declar	e that I (we) h	nave read the	e above r	equest ar	nd that the	informatio	n is true to the	e best of my	(our) know	/ledge and	d belief.
		Petitioning	Party and A	ffiliation	, If Any			Petiti	oning Party	and Affili	ation, If A	Any
Ву _	(Signat	ture of Repre	eontativo)		/Ti	itle)	Ву	Signature of	Ponrocont	ativo)		(Title)
	-	_	·		•	,						
Date												
			Proof of	Service	of this	form up	on a non	petitioning	party is r	equired		
		ot a joint pe to this Petit		non-peti	itioning	party is	referred t	o <i>N.J.A.C</i> .	19:16-5.5 1	or the pu	rpose of	submitting a